

FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Patricia Carroll
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6204293132 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	tcarroll@columbus-telephone.com
Form Type		54.313 and 54.422

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030>	6204293132 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

[illegible]

**(300) Unfulfilled Service Request
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030>	6204293132 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

0

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030>	6204293132 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed broadband	
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	411756
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
411756ks510.pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	411756ks610.pdf

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes

to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to

- <921> Needs assessment and deployment planning with a focus on Tribal
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not

(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1000>	Voice services rate comparability certification	Yes
<1010>	Attach detailed description for voice services rate comparability compliance	411756ks1010.pdf <hr/> Name of Attached Document
<1020>	Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	411756ks1030.pdf <hr/> Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

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<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 khns

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 90%;"> 411756ks1210.pdf </div> <p style="margin-top: 5px;">Name of Attached Document</p>
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<1220> Link to Public Website	HTTP <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>
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“Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support carriers

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222> Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223> Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.	<input style="width: 100px; height: 20px;" type="text"/>	
<2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2024A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 190px; height: 60px;" type="text"/>
<2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 190px; height: 60px;" type="text"/>
<2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	<input style="width: 100px; height: 20px;" type="text"/>	

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

**(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411756
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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
		Yes - Attach Certification	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	411756ks3010.pdf
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>	
If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input checked="" type="checkbox"/>	
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input checked="" type="checkbox"/>	
(3024)	Underlying information subjected to an officer certification.	<input checked="" type="checkbox"/>	
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>	
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	411756ks3026.pdf

REDACTED – FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION

LINES 3027-3034

LINES REDACTED IN ENTIRETY

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
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Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>BKD, LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	BKD, LLP
Name of Reporting Carrier:	COLUMBUS TELEPHONE
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/22/2017
Printed name of Authorized Officer:	Patricia Carroll
Title or position of Authorized Officer:	Corporate Secretary
Telephone number of Authorized Officer:	6204293132 ext.
Study Area Code of Reporting Carrier:	411756 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	COLUMBUS TELEPHONE
Name of Authorized Agent Firm:	BKD, LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/22/2017
Name of Authorized Agent Employee:	Robert R. Abrams
Title or position of Authorized Agent or Employee of Agent	Sr. Managing Consultant
Telephone number of Authorized Agent or Employee of Agent:	6086649110 ext.
Study Area Code of Reporting Carrier:	411756 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

REDACTED – FOR PUBLIC INSPECTION

(200) Service Outage Reporting (Voice) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

<210> For the prior calendar year, were there any reportable voice service outages? Yes

$\langle 220 \rangle$

[illegible]

Columbus Telephone Company (SAC 411756)

Statement Regarding Compliance with Service Quality Standards and Consumer Protection Rules
47 CFR §54.313(a)(5)

Form 481, Line 510

Columbus Telephone Company (CTC) is an incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, CTC is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

CTC is subject to the service quality standards and consumer protection standards adopted by the KCC and that are applicable to ILECs in the state of Kansas. These standards are contained in Orders adopted by the KCC in Docket No. 95-GIMT-047-GIT (specifically the KCC Order dated May 23, 2008) and Docket No. 06-GIMT-187-GIT. The consumer protection standards are also contained in CTC's local tariff that is on file with the KCC.

Apart from effective internal procedures and operations, CTC ensures compliance with all applicable service quality and consumer protection rules through KCC enforcement, which entails the operation of an effective customer complaint process. KCC is required to respond to customer complaints and other service quality-related inquiries from the KCC in a reasonable time frame. CTC consistently meets or exceeds all KCC-adopted standards, and reports to this effect via all required KCC processes.

Finally, CTC has established internal procedures to ensure compliance with the Federal Communications Commission's customer Proprietary Network Information (CPNI) rules that include, but are not limited to, periodic employee training and maintenance of written company CPNI procedures. CTC certifies its compliance with the FCC's CPNI rules by making annual filings as required in 47 CFR §64.2009(e).

Columbus Telephone Company (SAC 411756)

Statement Regarding the Ability to Function in Emergency Situations

47 CFR S §54.313(a)(6)

Form 481, Line 610

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2).

Columbus Telephone Company (CTC) is an incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, CTC is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

CTC is subject to KCC rules regarding the ability to remain functional in emergency situations by:

- (1) Maintaining at least eight hours of backup power to ensure functionality without local alternating current (AC) commercial power,
- (2) Establishing the ability to reroute traffic around damaged facilities and to manage traffic spikes resulting from emergency situations, and
- (3) Establishing procedures for employees to follow in an emergency, to prevent or minimize interruption or impairment of telecommunications services.

CTC has one fixed generator capable of providing the required level of backup power. CTC's network is capable of rerouting traffic around damaged facilities, although this ability is not absolute and may be limited in certain circumstances. However, CTC follows all industry standard practices in ensuring its network remains functional during different types of emergency situations.

CTC certifies it has complied with, and will continue to comply with applicable requirements regarding its ability to remain functional in an emergency situation as set forth in 47 CFR §54.202 (a)(2).

REDACTED – FOR PUBLIC INSPECTION

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2017

<703>

[illegible]

REDACTED – FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030>	6204293132 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

[illegible]

REDACTED – FOR PUBLIC INSPECTION

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<810>	Reporting Carrier	Columbus Communications Services, LLC
<811>	Holding Company	Columbus Telephone Company
<812>	Operating Company	Columbus Communications Services, LLC

[illegible]

FCC Form 481, Line 1010: Voice Services Rate Comparability

The Company certifies the pricing of voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The Company's pricing of fixed voice service, reported on line 703 of this filing, is below the current reasonable comparability benchmark for voice service (\$49.51), as published by the Wireline Competition Bureau, in FCC DA 17-167, released February 14, 2017.

FCC Form 481, Line 1030: Broadband Comparability Compliance

The Company certifies it offers a service meeting the Commission's broadband public interest obligations, that is priced no higher than the applicable benchmark announced annually in a public notice issued by the Wireline Competition Bureau (FCC DA 17-167, released February 14, 2017), or is no higher than the non-promotional price charged for a comparable fixed wireline service in urban areas in the states or U.S. Territories where the eligible telecommunications carrier receives support.

FCC Form 481 – Line 1210 Lifeline Service Terms & Conditions

SAC: 411756
State: KS
Name: Columbus Communications Services, LLC dba Columbus Telephone Company

Columbus Communications Services offers Lifeline service to qualifying subscribers.

- Qualifying subscribers receive a monthly Lifeline credit of \$9.25 against the regular monthly rate for residential local telephone service, or qualifying broadband service, under the terms and conditions of the federal Low Income program as may be modified from time to time in Orders released by the FCC's Wireline Competition Bureau (Bureau). This benefit is limited to one per qualifying household, and for service received from a single provider.
- If a Lifeline benefit is sought via the company's voice offering, the service provided meets these criteria:
 - Number of Local Minutes/Calls Provided: Unlimited local calling.
 - Additional Charges for Toll Calls: Toll calls and services for Lifeline subscribers are available and are billed at carriers' standard rates.
 - Access to repair and emergency services are provided.
 - Access to touch tone capability is provided, in the same manner as for regular customers.

Federal program eligibility for Lifeline service must be confirmed before the credit is issued. All subscribers must be recertified at least once each year.

In May 2016, the Federal Communications Commission made many changes to the Lifeline program and added broadband internet access service to the list of subsidized services. However, these changes did not become effective until December 2, 2016.

The company implemented the required changes in the Lifeline program that became effective on December 2, 2016, pursuant to the Bureau's *2016 Lifeline Modernization Order in WC Docket No. 11-42*. These included updated some rules for customer eligibility and recertification, the list of qualifying programs and made adjustments on the portability of the Lifeline benefit

Lifeline is a federal government program that assists qualified applicants by providing a monthly credit on either one telephone service (home or wireless) or one internet service (home or mobile) per qualified household. Customers will have to choose whether to obtain federally subsidized service from a telephone or broadband provider. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

The rules for demonstrating eligibility for Lifeline have also changed. Households may continue to verify eligibility through proof of participation in Medicaid, the Supplemental Nutrition Assistance Program (SNAP or food stamps), Supplemental Security Income Program (SSI), Federal Public Housing Assistance Program, or Veteran's Pension or Survivor Benefits. Consumers may also qualify if they can provide proof of income below 135 percent of the federal poverty level. Participation in the Low-Income Home Energy Assistance Program (LIHEAP), Temporary Assistance to Needy Families Program, or the National School Lunch Programs will *no longer* be accepted as proof of eligibility, beginning December 2, 2016.

Additional Terms & Conditions:

- Lifeline service shall not be disconnected for non-payment of toll charges.
- Qualifying low-income subscribers who voluntarily elect toll blocking, where available, will not be required to pay a service deposit in order to initiate Lifeline Service. This service will only be provided at the customer's request.
- Qualifying Lifeline customers will not be charged a monthly number-portability charge.
- Annual verification, either through the Department of Human Services or, in lieu of electronic verification, applicants will sign the form contained in Illinois Administrative Code Part 757 Exhibit E, as proof of their income eligibility.

If a Lifeline benefit is sought via the company's voice offering, the service provided meets these notable criteria, among those of the federal program:

- Number of free Local Minutes/Calls provided under the federal program
- Additional Charges for Toll Calls: Toll calls and services for Lifeline subscribers are available and are billed at carriers' standard rates.
- Access to repair and emergency services are provided
- Access to touch tone capability is provided, in the same manner as for regular customers.

As of December 2, 2016, the minimum standards set by the FCC are as follows:

- Landline: Unlimited local calling
- Wireless voice service: 500 free minutes
- Wireless broadband: 500 megabytes (MB) of data
- Fixed broadband: 150 gigabytes of data; download of 10MB/second; upload speed 1 MB/second

The Company's local tariff Terms and Conditions for Lifeline Service are further described in the attached new customer application and self certification form.



**KANSAS LIFELINE SERVICE
PROGRAM
SELF CERTIFICATION FORM**

FOR ELIGIBILITY

The Kansas Lifeline Service Program (KLSP), a telephone or internet assistance plan that provides eligible residential service customers with a reduction in the price of local service, includes income based eligibility criteria. These criteria are based on the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health & Human Services (HHS) under authority of 42 U.S.C. 9902 (2) for KSLP eligibility, the total household income at the customer's household must be at or below 135% of the federal poverty guidelines published yearly by HHS. Customers eligible under the KSLP criteria, set out below, are required to self-certify such eligibility and certify income eligibility by providing prior year's state, federal or tribal tax return, Veterans Admin., social security, retirement, pension, unemployment or workers' comp. statement of benefits or divorce decree of child support documents for income verification. Any type of documentation other than a previous year's taxes as evidence of income the consumer must present **THREE CONSECUTIVE MONTHS** of statements. The present KLSP income-based eligibility criteria are as follows:

SIZE OF FAMILY UNIT RESIDING AT LOCATION WHICH LIFELINE ASSISTANCE IS SOUGHT &
MAXIMUM ANNUAL INCOME

1	\$16,281	6	\$ 44,496
2	\$ 21,924	7	\$ 50,139
3	\$ 27,567	8	\$ 55,782
4	\$ 33,210	Each additional person add	\$ 5,643
5	\$ 38,853		

I, _____, state that total household income, at the location for which Lifeline telephone rate assistance is sought, is at or below 135% of the federal poverty guidelines.

I CERTIFY I AM CURRENTLY RECEIVING AT LEAST ONE OF THE FOLLOWING:

- ☐ SUPPLEMENT NUTRITION ASSISTANCE PROGRAM (SNAP)
 Customer residing on Tribal land:
☐ SSI (SUPPLEMENTAL SECURITY INCOME)
☐ VETERANS PENSION AND SURVIVOR BENEFITS ☐ FOOD DISTRIBUTION PROGRAM
☐ MEDICAID (UNITED TRIBES)
☐ FEDERAL PUBLIC HOUSING ASSISTANCE (OR SECTION 8)

Proof of participation in the above programs will be needed to qualify for Kansas Lifeline Program. Applicants must provide proof of the eligible programs as well as a Statement of Benefits from SRS. Lifeline is a non-transferable benefit, may not be transferred to any other person. If a subscriber moves to new address, he/she will notify the ETC within 30 days and provide the new address. If a subscriber provides temporary residential address to the carrier, he/she will be

required to verify the temporary address every 90 days. The subscriber will notify carrier within 30 days if for any reason he/she no longer satisfy the criteria for receiving Lifeline.

NOTE: CUSTOMER IS REQUIRED TO SELF-CERTIFY ONCE EACH YEAR BY THEIR LIFELINE SERVICE ANNIVERSARY DATE. FAILURE TO DO SO WILL RESULT IN TERMINATION OF BENEFITS. ONLY 1(one) LIFELINE SERVICE IS AVAILABLE PER HOUSEHOLD.

I CERTIFY I AM CURRENTLY NOT RECEIVING LIFELINE SERVICES FROM ANOTHER PROVIDER.
Subscriber acknowledges that providing false or fraudulent information to receive Lifeline benefits is punishable by law!

 (Signature of Applicant)
 (Phone Number)

 (Date Received/Reviewed)

 (Print Full Name)
) (Account Number)

 (Residential Address) Perm.() Temp.(

Date of Birth: _____ Last 4 digits of Social
 Security# _____

Billing Address if different from
 above _____

Method documentation was provided: ___ fax ___ mail ___ electronic ___ in
 person _____

IN DATE

OUT DATE

 05/01/17

 CTC Representative revised

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You may have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

- Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (*check no if you do not have a spouse or partner*) ☐ **YES** ☐ **NO**
 - If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
 - If you checked **NO**, please answer question #2.
- Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent	<input type="checkbox"/> YES <input type="checkbox"/> NO	D. An adult roommate	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. An adult son or daughter	<input type="checkbox"/> YES <input type="checkbox"/> NO	E. Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

 - If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
 - If you checked **YES**, please answer question #3.
- Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? ☐ **YES** ☐ **NO**
 - If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
 - If you checked **YES**, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to _____ COLUMBUS TELEPHONE CO./OPTIC COMMUNICATIONS by June 01 of current year. Failure to return will result in loss of your Lifeline Discount!

- A. ____ *I certify that I live at an address occupied by multiple households.*
- B. ____ *I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.*

Signature _____ Date _____



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____ SUPPLEMENT NUTRITION ASSISTANCE PROGRAM (SNAP) Customer
residing on Tribal land:

____ SSI (SUPPLEMENTAL SECURITY INCOME)

____ VETERANS PENSION AND SURVIVOR BENEFITS ____ FOOD

DISTRIBUTION PROGRAM

____ MEDICAID (UNITED TRIBES)

____ FEDERAL PUBLIC HOUSING ASSISTANCE (OR SECTION 8)

FCC Form 481, Line 3010b: Certification of Public Interest Obligations

The Company certifies that it is progressing to provide upon a reasonable request, broadband services at actual speeds of 10Mbps downstream/1Mbps upstream, with latency suitable for real-time applications including VoIP and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

REDACTED – FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY